## 1-0400012123

	questor's Name)	
(Re	equestors (varie)	
		<del></del>
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(D.	siness Entity Name	
(Bu	isiness Enuty Name	)
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Conniet Instructions to		
Special Instructions to	Filing Officer:	
		1
		}

Office Use Only



600309982016

03/06/19: -01017--018 \*\*25.00

FILED

18 MAR -6 PH 3-0;
SECRETARY OF STATE

K SALY MAR - 7 2018

## **COVER LETTER**

Division of Corporations	
SUBJECT: PBG-HOMES_LLC (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
HARRY RAUCH (Contact Person)	
PBG HOMES LLC (Firm/Company)	
23265, 60NGBESSAV., 1F	
PALM SPRINGS PL 33406 (City/State and Zip Code)	
For further information concerning this matter, please call:	
HARRY RAUGE at (561) 357-2224 (Name of Contact Person) (Area Code & Daytime Telephone Number	)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  \$25 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
Division of Corporations  Clifton Building  Division of Corporations P.O. Box 6327	
Cition bunding	

Tallahassee, Florida 32314

CR2F079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	BG-HOMES LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L0400	0012123
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: <u>AUGUST</u> 10,2017
	RM, RHUCH, hereby withdraw/resign as a ame of Person Resigning)
UTHORIZED	MEMBER. (Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my iting.
Eleour h	s. Rauch
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

Certified Copy: